

Drone Registration Form

SECTION 1: DRONE INFORMATION

Manufacture	Model #	Serial #	FAA Registration #	FAA Registration Date Issued	FAA Registration Date Expired	State Tier Classification <u>Select One</u> Research Exclusion, Level 1,2, or 3

SECTION 2: PILOT INFORMATION

Please complete a pilot information table for each person who may fly the drone referenced above. You can submit additional pilot information tables if there isn't enough room below. Additional pilot registrations for this drone can be submitted at a later date, as necessary:

Pilot Full Name	
Affiliation (check one)	<input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Graduate/Teaching Assistant <input type="checkbox"/> Volunteer <input type="checkbox"/> Non-University Personnel
Z- Number	
Contact Phone Number	
Contact E-Mail Address	
FAA Part 107 License Number (please attach copy of license)	

Pilot Full Name	
Affiliation (check one)	<input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Graduate/Teaching Assistant <input type="checkbox"/> Volunteer <input type="checkbox"/> Non-University Personnel
Z- Number	
Contact Phone Number	
Contact E-Mail Address	
FAA Part 107 License Number (please attach copy of license)	

Pilot Full Name	
Affiliation (check one)	<input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Graduate/Teaching Assistant <input type="checkbox"/> Volunteer <input type="checkbox"/> Non-University Personnel
Z- Number	
Contact Phone Number	
Contact E-Mail Address	
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